



ATTORNEY DOCKET No. 47004.000084
SERIAL No.: 09/655,886

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of :)
Jeffrey L. HIRKA et al.) Confirmation No. 8892
Serial No.: 09/655,886) Group Art Unit: 3628
Filed: September 6, 2000) Examiner: CHENCINSKI, Siegfried E.

For: SYSTEM AND METHOD FOR LINKED ACCOUNT HAVING SWEEP FEATURE

NOTICE OF APPEAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants hereby appeals to the Board of Patent Appeals and Interferences the final rejection (mailed July 21, 2004) of claims **1-51** in the above-captioned patent application.

Submitted herewith is a check for \$340.00 for filing a Notice of Appeal. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0206.

10/22/2004 JADD01 00000021 09655886

01 FC:1401 340.00 OP

Dated: October 21, 2004

Hunton & Williams, LLP
1900 K Street, N.W., Suite 1200
Washington, D.C. 20006-1109
Telephone (202) 955-1500
Facsimile (202) 778-2201

Respectfully submitted,
HUNTON & WILLIAMS, LLP

By:

Handwritten signature of Ce Li
Ce Li
Limited Recognition
under 37 C.F.R. § 10.9(b)



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TRANSMITTAL

MAIL STOP AF

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Transmitted herewith is a Notice of Appeal. Fees have been calculated as shown below:

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Previously Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
Number of Claims in Excess of 20	31	31	0	\$18.00	\$9.00	\$ 0.00
Independent Claims in Excess of 3	1	1	0	\$86.00	\$43.00	\$ 0.00
First Presentation of Multiple Dependent Claims				\$290.00	\$145.00	\$ 0.00
Extension a) One Month Fee: b) Two Months c) Three Months d) Four Months e) Five Months				\$110.00	\$55.00	\$ 0.00
				\$420.00	\$210.00	\$ 0.00
				\$950.00	\$475.00	\$ 0.00
				\$1480.00	\$740.00	\$ 0.00
				\$2010.00	\$1005.00	\$ 0.00
Other: Notice of Appeal				\$340.00	\$170.00	\$340.00
TOTAL FEE DUE						\$340.00

- ☐ No additional fee is required.
☒ A check in the amount of \$ 340.00 is attached.
☐ Charge \$ _____ to Deposit Account No. 50-0206.
☒ Charge any additional fees or credit any overpayment to Deposit Account No. 50-0206.

Small Entity Status Claim: ☐ is hereby requested. ☐ is of record in this application.

Respectfully submitted,

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